

**United States District Court**  
**Northern District of Indiana**  
Stephen R. Ludwig, Clerk

**ATTORNEY ADMISSION APPLICATION**

**ELIGIBILITY**

Any attorney admitted to practice by the Supreme Court of the United States or the highest court of any state [L.R. 83.5(b)].

**P L E A S E   R E A D   C O M P L E T E L Y**

**GENERAL INFORMATION**

Fee: \$60.00 - cash, money order or check (payable to "Clerk, U.S. District Court").

- Application:
1. An application form follows these instructions.
  2. You will need a movant, in good standing, who is a member of the Bar of this Court. The movant will sign and date the form which certifies that you are of good moral character and professional standing.
  3. Mail your application and check or money order to:

Clerk, U.S. District Court  
1108 E. Ross Adair Federal Building  
1300 South Harrison Street  
Fort Wayne, IN 46802
  4. Your certificate will be sent by mail.

**UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF INDIANA**

**APPLICATION FOR ADMISSION TO PRACTICE  
(Type or Print Very Neatly)**

Prefix (check one): Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Generation (Sr., Jr., etc.): \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Attorney Registration No.: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EDUCATION:**

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Law School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Other Post-Graduate Schooling: \_\_\_\_\_

Currently Admitted to Practice Before:

\_\_\_\_\_ U.S. Supreme Court \_\_\_\_\_ Seventh Circuit Court of Appeals \_\_\_\_\_ Indiana Supreme Court

Other Jurisdictions: \_\_\_\_\_

**APPOINTMENTS UNDER THE CRIMINAL JUSTICE ACT AND THE CIVIL RIGHTS ACT:**

Are you willing to represent defendants determined to be eligible for representation under the Criminal Justice Act of 1964? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes, complete the attached Professional and Biographical Data for Appointment under 18 U.S.C., § 3006a (Criminal Justice Act of 1964) and return along with this Application for Admission to Practice.**

Are you willing to be appointed to represent complainants under the Civil Rights Act of 1964?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Movant:** I, \_\_\_\_\_, a member in good standing of the bar of this Court hereby certify that the above information is correct to the best of my knowledge and I now personally assure the Court that the Applicant's private and professional character is good and do now move for the admission of the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Movant

\_\_\_\_\_  
Movant's Attorney Registration No.      State

**Applicant:** I, \_\_\_\_\_, do solemnly swear or affirm that I will support and defend the Constitution of the United States of America against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will demean myself as attorney, proctor and solicitor of the United States District Court for the Northern District of Indiana uprightly and according to law, so help me God.

I also state that pursuant to N.D. Ind. L.R. 83.5(b), I have read and will abide by the Local Rules of the United States District Court for the Northern District of Indiana, including Appendix B: Standards for Professional Conduct Within the Seventh Federal Judicial Circuit. I do hereby certify that the statements I have made are true and correct to the best of my knowledge and belief. I also certify there are no current disciplinary actions pending against me.

\_\_\_\_\_  
Signature of Applicant

Dated: \_\_\_\_\_

SO ORDERED.

Date \_\_\_\_\_

\_\_\_\_\_  
Judge, U.S. District Court

**PROFESSIONAL AND BIOGRAPHICAL DATA  
FOR APPOINTMENT UNDER 18 U.S.C., § 3006A  
(CRIMINAL JUSTICE ACT OF 1964)**

**I. GENERAL INFORMATION:**

Name: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**II. BACKGROUND:**

Law School and Year of Graduation \_\_\_\_\_  
Are you a member in good standing of the federal bar of this district? Yes \_\_\_\_\_ No \_\_\_\_\_

**III. QUESTIONNAIRE:**

- A. Are you willing to represent defendants determined to be eligible for representation under the Criminal Justice act of 1964?  
Yes \_\_\_\_\_ (If yes, complete balance of form)  
No \_\_\_\_\_ (If no, sign and return)
- B. How familiar are you with the Federal Rules of Criminal Procedure, the Federal Rules of Evidence and the Sentencing Guidelines? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. How many criminal trials have you had in the last three years? State \_\_\_\_\_ Federal \_\_\_\_\_
- D. What other experience have you had in criminal cases that should be considered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. What other experience have you had, apart from criminal cases, that should be considered? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. How many cases would you be willing to have assigned to you annually? \_\_\_\_\_
- G. Do you speak, read, or write any foreign language? If so, please indicate the language and level of ability. \_\_\_\_\_  
\_\_\_\_\_

**IV. REMARKS:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney